

Professional Program for International Dentists (PPID)

Supplemental Application

Instructions: Read over the entire application prior to typing in any information. It may be useful to separate the pages, make copies, and prepare a draft before submitting an original. The typed, completed supplemental application and curriculum vitae must be received as a combined pdf to ppid_admissions@dentistry.ucla.edu, by Friday, July 27, 2018, 11:59 PM PST. Hard copies of the application will not be accepted. Late applications will not be considered.

Please note: you cannot save your information on this form if you are using Adobe Reader. If you are using Adobe Reader, after completing the form, print a copy for your records and email the PDF to: ppid_admissions@dentistry.ucla.edu. You may scan the printed document into a PDF as long as the file size does not exceed **5 MB**. PLEASE INCLUDE ALL FIVE (5) PAGES OF THIS APPLICATION AND THE CURRICULUM VITAE/RESUME IN A COMBINED PDF, NOT EXCEEDING 5 MB. Application forms that are not submitted as a combined PDF or larger than 5 MB will NOT be accepted. All applications must be typed. For technical help please google search your questions for instructions on how to combine a pdf and/or how to decrease the file size of a pdf.

Click here to attach a 2x2
(color or black & white)
headshot photograph
here. You may also
scan a photo into this box.

Section I – Personal Information

Are you a re-applicant to the UCLA PPID program? Yes No If yes, list year(s) applied: _____
(Month/Year)

Name: _____
Last First Middle

Alias: _____
Last First Middle

Maiden Name: _____ Gender: Female Male
Last Name

Date of Birth: _____ CAAPID ID Number: _____
- -
Month - Day - Year

Daytime Telephone: _____ Permanent Telephone: _____

Current Address: _____
Street Address Apt. #

City State Country Zip Code

Permanent Address: Same as Above Email Address: _____

Street Address Apt. #

City State Country Zip Code

Section II – Residency & Citizenship

Place of Birth (City, State, Country): _____

U.S Citizen: Yes No, Permanent Resident Yes No

If you are not a U.S. Citizen or Permanent Resident, what type of VISA do you have F-1 J-1 Other: _____

Section III – Record of Past NBDE Results

List all date(s) and result(s) of all National Board Dental Exam attempts.

NBDE Part I.

Year: _____ Result: _____

Year: _____ Result: _____

Year: _____ Result: _____

Year: _____ Result: _____

Year: _____ Result: _____

NBDE Part II.

Year: _____ Result: _____

Year: _____ Result: _____

Year: _____ Result: _____

Year: _____ Result: _____

Year: _____ Result: _____

Section VI – U.S. Military Service

The University is required by the U.S. Department of Education to ask you the following question on U.S. Military Service:

Select the statement that best describes you.

When I enroll at the University of California, I expect to be:

On active duty

Reservist

National Guard member

Discharged veteran no longer serving on active duty or in the Reserve or National Guard

None of the above

Section IV – Short Answer Essay Questions

1. **In your own words, define professionalism and how it relates to you as a health care provider?**
The essay must be limited to 250 words.
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- 2. Discuss the greatest challenges you may face in an advanced standing program in the United States? How will you prepare yourself to deal with these challenges?**

The essay must be limited to 250 words.

Section V – Optional Ethnic Survey

The University of California is required to report to federal and state agencies the ethnic/racial composition of enrolled students. Therefore, we ask that you answer the following set of questions about your ethnic and racial identity. The application form is the primary data source of demographic data for enrolled students. The University holds such information confidential and uses it only for aggregated statistical purposes. Furthermore, this information will in no way influence the application review process.

The University is required by the U.S. Department of Education to ask you the following two questions on race/ethnicity:

1. Do you consider yourself Hispanic or Latino? (Includes persons of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin)

- Yes
 No

2. In addition, select one or more of the following racial categories as appropriate for you.

- African American or Black
 Native Hawaiian or Other Pacific Islander
 American Indian or Alaska Native
 White
 Asian

For University of California purposes, to help us understand the diverse racial and ethnic backgrounds of our students, which of the following groups best describes your background? Check as many categories as may apply.

- | | |
|---|--|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic, Latino, or of Spanish Origin |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Cuban/Cuban American |
| <input type="checkbox"/> Asian American/Asian | <input type="checkbox"/> Latin American/Latino |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Mexican/Mexican American/Chicano |
| <input type="checkbox"/> Chinese/Chinese American
(Except Taiwanese) | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Filipino/Filipino American | <input type="checkbox"/> Other Hispanic, or of Spanish Origin |
| <input type="checkbox"/> Japanese/Japanese American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Korean/Korean-American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Pakistan | <input type="checkbox"/> European/European descent |
| <input type="checkbox"/> African Taiwanese/Taiwanese American | <input type="checkbox"/> Middle Eastern or North |
| <input type="checkbox"/> Vietnamese/Vietnamese American | <input type="checkbox"/> Other White Caucasian |
| <input type="checkbox"/> Other Asian/Asian American | <input type="checkbox"/> Decline to State |

How many languages do you speak? _____

What is your primary language? _____

What is your secondary language? _____

Rate your English Proficiency in the following (1=Low, 5= High)

Check one in each:

- | | | | | | |
|----------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Speaking | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Writing | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| Reading | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

Section VII – Affidavit

I certify the information I have recorded in this PPID Supplemental Application is complete, true and accurate to the best of my knowledge. Furthermore, I certify that I have attended, or I am currently attending no institution other than those listed on my CAAPID application. I understand that all documents submitted for admissions consideration become the property of the University of California Los Angeles (UCLA) and will not be returned to me, for any reason. If I am accepted to the UCLA School of Dentistry, my admissions is subject to verification of all official records from the institution I have attended, including notice of graduation, and is contingent upon satisfactory completion of all admissions requirements prior to entering UCLA. I further acknowledge that the application fee only partially covers the cost of processing my application and that the application fee is non-refundable. I understand that the falsification of any of the information submitted in the PPID application process, including the PPID Supplemental Application and CAAPID Application form may subject me to elimination from any further consideration by the Admissions Committee and/or dismissal from the UCLA School of Dentistry.

Print First Name, Middle Initial, Last Name

Electronic Signature (Type full name)

Date

Section VIII – Deadline information (Optional) Checklist

It is the responsibility of the applicant to ensure that all instructions are followed and all materials are received by the Office of Student Affairs by the July 27, 2018 deadline. The postmarked deadline for the supplemental documents is July 27, 2018, the email deadline for the supplemental application and curriculum vitae is July 27, 2018, and the deadline for supplemental documents that are hand delivered to the Student Affairs office is July 27, 2018 at 4 PM PST. Late applications will not be considered. Begin the application process early and leave time to submit your application by our deadline date, as we will not make any exceptions. Only complete applications that meet all minimum requirements will be eligible for review by the Admissions Committee.

Visit, <https://www.dentistry.ucla.edu/learning/admissions-applying-1>, to open the PPID Application Checklist. The PPID application checklist is an optional tool designed to assist applicants in the application process. The checklist does not need to be submitted with your application, it is for your personal reference only.

As a reminder instructions for the NBDE and TOEFL reports are as follows:

National Board Dental Examination (NBDE), Part 1 and Part 2 - Official NBDE score reports must be requested by the applicant online and submitted to the UCLA School of Dentistry, PPID Coordinator at ppid_admissions@denitstry.ucla.edu.

Test of English as a Foreign Language (TOEFL) - Sealed, original TOEFL scores should be mailed directly to the office of Student Affairs at:

Professional Program for International Dentists (PPID)
UCLA School of Dentistry
Office of Student Affairs & Outreach
10833 Le Conte Avenue, Room A0-111 CHS
Los Angeles, CA 90095-1762

The non-refundable application fee of \$150 U.S. dollars must be submitted on-line at the School of Dentistry website under Admission/Supplemental/Application Fee: www.dentistry.ucla.edu/learning/admissions-apply-1

Licensure Information:

Applicants interested in becoming licensed in the State of California should be aware of the information required by, and the regulations of, the Dental Board of California. For detailed information write to:

Dental Board of California
2005 Evergreen Street, Suite 1550
Sacramento, CA 95815
Tel: (916) 263-2300
www.dbc.ca.gov